

<i>SERFF Tracking Number:</i>	<i>BERK-125549546</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Riverport Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>RIC-2008-AR-032</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella &amp; Excess</i>
<i>Product Name:</i>	<i>RIC Excess</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Riverport Insurance Company

Product Name: RIC Excess

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0020 Commercial Umbrella & Excess

Filing Type: Form

SERFF Tr Num: BERK-125549546 State: Arkansas

SERFF Status: Closed

State Tr Num: #? \$?

Co Tr Num: RIC-2008-AR-032

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Mark Palmer, Terri Zachman

Disposition Date: 03/20/2008

Date Submitted: 03/19/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 04/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 04/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/20/2008

State Status Changed: 03/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing Policyholder Disclosure Notice of Terrorism Insurance Coverage, E-2008, for Commercial Excess coverage.

## Company and Contact

SERFF Tracking Number: BERK-125549546 State: Arkansas  
Filing Company: Riverport Insurance Company State Tracking Number: #? \$?  
Company Tracking Number: RIC-2008-AR-032  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: RIC Excess  
Project Name/Number: /

### Filing Contact Information

(This filing was made by a third party - BRAC01)

Terri Zachman, Product Development Analyst tzachman@riverportinsurance.com  
222 South Ninth Street, Suite 1300 (612) 766-3339 [Phone]  
Minneapolis, MN 55402-3332 (612) 766-3397[FAX]

### Filing Company Information

Riverport Insurance Company CoCode: 36684 State of Domicile: Minnesota  
222 South Ninth Street, Suite 1300 Group Code: 98 Company Type:  
Minneapolis, MN 55402-3332 Group Name: W. R. Berkley State ID Number:  
Corporation  
(612) 766-3100 ext. [Phone] FEIN Number: 41-1654112  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0100004048	\$50.00	03/18/2008

SERFF Tracking Number: BERK-125549546 State: Arkansas  
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: RIC Excess  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		03/20/2008	03/20/2008

*SERFF Tracking Number:*      *BERK-125549546*      *State:*      *Arkansas*  
*Filing Company:*      *Riverport Insurance Company*      *State Tracking Number:*      *#? \$?*  
*Company Tracking Number:*      *RIC-2008-AR-032*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0020 Commercial Umbrella & Excess*  
*Product Name:*      *RIC Excess*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 03/20/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BERK-125549546 State: Arkansas

Filing Company: Riverport Insurance Company State Tracking Number: #? \$?

Company Tracking Number: RIC-2008-AR-032

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess

Product Name: RIC Excess

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	No
Supporting Document	Expedited Form	Accepted for Informational Purposes	No
Supporting Document	NAIC Transmittal Doc.	Accepted for Informational Purposes	No
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Accepted for Informational Purposes	No

SERFF Tracking Number: BERK-125549546 State: Arkansas

Filing Company: Riverport Insurance Company State Tracking Number: #? \$?

Company Tracking Number: RIC-2008-AR-032

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess

Product Name: RIC Excess

Project Name/Number: /

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information of Terrorism al PurposesInsurance Coverage	Policyholder Disclosure Notice	E-2008	12/07	Disclosure/ New Notice		0.00	E-2008_1207.pdf

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the “Act”), that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your \_\_\_\_\_ NEW or \_\_\_\_\_ RENEWAL policy may be affected as follows:

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$_____.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

<i>SERFF Tracking Number:</i>	<i>BERK-125549546</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Riverport Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>RIC-2008-AR-032</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0020 Commercial Umbrella &amp; Excess</i>
<i>Product Name:</i>	<i>RIC Excess</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number: BERK-125549546 State: Arkansas  
Filing Company: Riverport Insurance Company State Tracking Number: #? \$?  
Company Tracking Number: RIC-2008-AR-032  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: RIC Excess  
Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Accepted for Informational Purposes	03/20/2008
<b>Comments:</b>				
<b>Attachment:</b>	Cover letter _032_.pdf			
<b>Satisfied -Name:</b>	Expedited Form	<b>Review Status:</b>	Accepted for Informational Purposes	03/20/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR Expedited Form Page 1-2.pdf			
<b>Satisfied -Name:</b>	NAIC Transmittal Doc.	<b>Review Status:</b>	Accepted for Informational Purposes	03/20/2008
<b>Comments:</b>				
<b>Attachment:</b>	NAIC Transmittal.pdf			



March 19, 2008

Arkansas Insurance Department  
Property & Casualty Division  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

**Riverport Insurance Company**

Line of Business: Commercial Excess Liability  
Form Filing

**Company Filing Number: RIC-2008-AR-032**

NAIC Number 098-36684

FEIN Number 41-1654112

Dear Sir/Madam:

Riverport Insurance Company hereby submits a Policyholder Disclosure Notice of Terrorism Insurance Coverage for certified losses for the State of Arkansas. This filing is for informational purposes only.

A final copy of the Disclosure Notice E-2008 (12/07) is attached. This notice reflects changes made under the Terrorism Risk Insurance Program Reauthorization Act of 2007.

We propose a flexible effective date for this filing, but no later than April 1, 2008, to allow implementation as soon as practicable. This request is being made to allow for system considerations and lead-time requirements.

Sincerely,

A handwritten signature in black ink that reads "Terri Zachman".

Terri Zachman  
Product Development Analyst  
Riverport Insurance Company  
Telephone: 612-766-3339  
Toll Free : 1-888-762-3083  
Facsimile: 1-866-776-3505  
Internet: [tzachman@riverportinsurance.com](mailto:tzachman@riverportinsurance.com)  
Enclosures

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s)**

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Riverport Insurance Company	Minnesota	098-36684	61-1654112

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Terri Zachman Riverport Insurance Company 222 South Ninth Street, Suite 1300	612-766-3339	866--776-3505	tzachman@riverportinsurance.com

**Filing information**

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	RIC Excess
Filing Type ** see note below	Disclosure Notice
This application is used with:	
Effective Date Requested	Flexible Date, no later than 4/1/2008
Filing date	3/1/9/2008
Company Tracking Number	RIC-2008-AR-032
Date filing approved in domiciliary state, if applicable	1/1/2008

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Disclosure Notice	E-2008 (12/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature: Terri Zachman

Print Name: Terri Zachman

Title: Product Development Analyst

**Property & Casualty Transmittal Document (Revised 1/1/06)**

<b>1. Reserved for Insurance Dept. Use Only</b>          	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: BERK-125549546 h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
	098

4. Company Name(s)	Domicile	NAIC #	FEIN #
Riverport Insurance Company	Minnesota	36684	41-1654112

<b>5. Company Tracking Number</b>	RIC-2008-AR-032
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Terri Zachman, Riverport Insurance Company, 222 South Ninth Street, Suite 1300, Minneapolis, MN 55402-3332	Product Development Analyst	612-766-3339	866-776-3505	<a href="mailto:tzachman@riverportinsurance.com">tzachman@riverpo rtinsurance.com</a>

*Terri Zachman*

7. Signature of authorized filer	
8. Please print name of authorized filer	Terri Zachman

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0
10. Sub-Type of Insurance (Sub-TOI)	17.0020
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	RIC Excess
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 4/1/2008                      Renewa 4/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	3/19/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	RIC-2008-AR-032
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<b>21. Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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We are filing the Policyholder Disclosure Notice of Terrorism Insurance Coverage form E-2008-(12/07) for Commercial Excess on an informational basis.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** 0100004048

**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**